

Study ID#: _____

Date of Interview: /__/_/ /__/_/ /__/_/_/_/
(Month) (Day) (Year)

Interviewer: _____

MEDICAL AND REPRODUCTIVE HISTORY QUESTIONNAIRE

(HEIGHT AND WEIGHT)

OF THE

BREAST CANCER COMPREHENSIVE PROJECT

Prepared for the National Action Plan on Breast Cancer
of the Office on Women's Health
U.S. Department of Health and Human Services

by

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SECTION: HEIGHT AND WEIGHT

INTRODUCTION: In this section, we'll discuss your height and weight since you were a child. I'll ask several questions about how your weight has changed during different stages of your life.

Q1. What is the tallest you have ever been without shoes?

|_|_|
FT AND |_|_|
INCHES

OR

|_|
METERS

Q2. How old were you when you first reached this height?

|_|
AGE

Q3. How much did you weigh when you first menstruated (had your period/monthly)?

|_|_|
POUNDS

OR

|_|_|
KILOGRAMS

Q4. Which picture looks most like you did then? (SHOW CARD)

|_|_|
DIAGRAM CODE

Q5. How much did you weigh when you were 18 years old and not pregnant or nursing?

|_|_|
POUNDS

OR

|_|_|
KILOGRAMS

Q6. Which picture looks most like you did then? (SHOW CARD)

|_|_|_|
DIAGRAM CODE

Q7. What was your bra size when you were 18 years old and not pregnant or nursing?

|_|_| | |_|_|_|
AND LETTER

OR

|_|_|_| _____
SIZE AND SYSTEM

DIRECTIONS: (IF RESPONDENT COMPLETED BIRTH CONTROL SECTION AND TOOK BIRTH CONTROL PILLS FOR 3 MONTHS OR MORE, ASK Q8. OR, ASK "Did you ever take birth control pills for 3 consecutive months or more?"

YES	1
NO	5 (Q10)

Q8. Just before you first used the birth control pill for 3 months or more, how much did you weigh?

|_|_|_|
POUNDS

OR

|_|_|_|
KILOGRAMS

Q9. During that first year that you used the pill for 3 months or more, how much weight did you gain or lose?

|_|_|_|
POUNDS

OR

|_|_|_|
KILOGRAMS

NO CHANGE.....0
GAINED.....1
LOST.....2
DK.....8

Q10. (IF RESPONDENT IS 30 YEARS OF AGE OR GREATER AT REFERENCE DATE), how much did you weigh when you were 30 years old and not pregnant or nursing?

|_|_|_|
POUNDS

OR

|_|_|_|
KILOGRAMS

Q11. Which picture looks most like you did then? (SHOW CARD)

|_|_|_|
DIAGRAM CODE

Q12. When you were age _____ (REFERENCE AGE MINUS 1 YEAR), how much did you weigh when you were not pregnant or nursing?

|_|_|_|
POUNDS

OR

|_|_|_|
KILOGRAMS

Q13. Which picture looks most like you did then? (SHOW CARD)

|_|_|_|
DIAGRAM CODE

Q14. When you were age _____ (REFERENCE AGE MINUS 1 YEAR), what was your bra size when you were not pregnant or nursing?

|_|_| - |_|_|_|
AND LETTER

OR

|_|_|_| _____
SIZE AND SYSTEM

Q15. Before _____ (REFERENCE DATE), what is the most you have ever

weighed when you were not pregnant, nursing, or in the six months after pregnancy or nursing?

|_|_|_|

POUNDS

OR

|_|_|_|

KILOGRAMS

Q16. How old were you when you first weighed _____ (WEIGHT IN Q15)?

|_|_|

(AGE)

Q17. Before _____ (REFERENCE DATE), when you were not pregnant or nursing and you gained weight, where on your body did you gain the weight? [CODE ALL THAT APPLY.]

DIDN'T GAIN WEIGHT [1]
AROUND THE CHEST OR SHOULDERS [2]
AROUND THE WAIST OR STOMACH [3]
AROUND THE HIPS OR THIGHS [4]
AROUND THE BUTTOCKS [5]
EQUALLY ALL OVER [6]
OTHER (SPECIFY) _____ [____]
DK.....[8]

Q18. Before _____ (REFERENCE DATE), when you were not pregnant, how many times in your life have you lost 15 pounds or more, and then later gained all the weight back?

|_|_|

TIMES

(OPTIONAL): MEASUREMENTS DURING IN-PERSON INTERVIEW.

Q19. Measurement of sitting height

|_|_|

INCHES

Q20. Measurement of waist

|_|_|

INCHES

Q21. Measurement of hips

|_|_|

INCHES